

Whitmore Vale Housing Association Limited

Haven House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Haven House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Haven House is registered to provide care and support for up to nine people. There were seven people living at the service at the time of our inspection. We inspected Haven House on 20 November 2018.

This service was set up and registered prior to Building the Right Support and Registering the Right Support and it is not the size of service we would be registering if the application to register was made to CQC today. This is because it does not conform to the guidance as it is very difficult for larger services for people with learning disabilities to meet the standards. However, we found the service was supporting people living at Haven House to live as ordinary a life as any citizen.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Systems were in place to manage risks to people's safety. Potential risks to people were assessed and managed appropriately. Accidents and incidents were recorded and reviewed in order to reduce the risk of them reoccurring. People received their medicines safely and in line with their prescriptions. People were supported by sufficient numbers of staff and did not have to wait for their care. Staff had been recruited appropriately and had received relevant training so that they were able to support people with their individual care and support needs. The environment was clean, homely and well-maintained. Aids and adaptations were in place to meet people's needs. There was a contingency plan in place to help ensure people's care would not be disrupted in the event of an emergency.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's nutritional needs were met and a choice of food and drinks were available. People had access to a range of healthcare professionals and any guidance provided by them was followed. People's needs were assessed prior to them moving into the service to ensure the staff had the skills to support them.

People were treated with kindness and compassion. People's rights to privacy were respected by the staff who supported them and their dignity was maintained. Staff knew people well and were aware of people's individual communication styles. People were encouraged to take part in daily living tasks and encouraged to develop their independent living skills. Visitors were made to feel welcome and people were supported to maintain relationships with those who were important to them.

People and their relatives were involved in decisions about the care. The service responded to people's

changing needs in a timely manner and care plans were regularly reviewed. People had access to a variety of activities both within the community and when spending time at home. Where appropriate, people were supported to make decisions regarding the care they wanted at the end of their life. There was a complaints policy in place which was displayed in an easy read format. There had been no complaints received within the last year.

People using the service, their relatives and staff were confident about approaching the registered manager and provider if they needed to. Effective auditing systems were in place to monitor the quality of the service. The views of people and their relatives on the quality of the service were sought. There was a positive culture throughout the service. Staff felt supported in their roles and shared a common ethos and values.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Haven House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This fully comprehensive inspection took place on 20 November 2018 and was unannounced. The inspection was carried out by two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern at our inspection.

As part of our inspection we spoke with four people who lived at the service and observed the care and support provided to people. We also spoke with the registered manager, deputy manager and two staff members. Following the inspection we spoke to two relatives who were frequent visitors to the service. We reviewed a range of documents about people's care and how the home was managed. We looked at two care plans, three staff files, medication administration records, risk assessments, complaints records, policies and procedures and internal audits that had been completed.

Is the service safe?

Our findings

People told us they felt safe living at Haven House. We observed people were relaxed in the company of staff and approached them without hesitation. Relatives told us they felt their family members were safe. One relative told us, "Of course, there is nowhere they would be safer. They really are wonderful."

Staff understood their responsibilities in protecting people from the risk of potential abuse. All staff completed safeguarding training which was regularly updated. Staff we spoke with were able to demonstrate their understanding of the different types of abuse, signs of concerns to be aware of and reporting procedures. Information regarding how to report concerns was displayed for both people and staff. Where concerns had arisen these had been reported to the local safeguarding authority and appropriate action to mitigate risks to people.

Potential risks to people's safety and well-being had been identified, recorded and guidance developed to minimise the risk of harm. Risk assessments included moving and handling, nutrition, use of public transport and the use of bedrails. Detailed guidance was available for staff to follow which included how to support the person to reduce the level of risk whilst maintaining their independence as far as possible. One person's records contained a risk assessment for moving and handling. This detailed how to support the person, how they should be involved and what equipment should be used. We observed the person being supported by staff and found the risk management plan was followed. Staff demonstrated a skilled approach and focussed on the person, offering reassurance throughout.

Accidents and incidents were monitored and reviewed to minimise the risk of them happening again. Records showed that one person had caught their foot in the footplates of their wheelchair when it was being stored in their bedroom. Alternative arrangements had been made for the storage of the wheelchair when the person was in their room and there had been no further incidents.

There were sufficient staff deployed to meet people's needs. Staff had time to spend with people and responded quickly to all requests made of them. Staff were able to support people to go out on a one to one basis and to engage in impromptu activities. Staff told us they felt there was enough staff and they had enough time to provide individualised care. One staff member told us, "There are enough staff and it helps that we all have different things we keep an eye on so it's good team work." Regular agency staff were used to cover vacancies to ensure consistency for people.

Safe recruitment practices were followed. Staff recruitment records contained the necessary information to help ensure the provider employed staff who were suitable to work at the home. Staff files contained a recent photograph, application form, interview notes, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

People's medicines were stored, administered and disposed of safely. People received their medicines on time and as prescribed. Medicines Administration records (MAR) contained all information required and

were completed correctly. People's medicines were stored in locked medicines cabinets in their individual rooms and temperatures recorded daily to ensure they remained within the correct range for safe storage. Creams and liquids were dated when opened. Where people were prescribed as when required medicines (PRN), protocols were in place to guide staff on when and how these should be administered.

People lived in clean environment and staff followed safe infection control procedures. Staff had access to gloves and aprons when supporting people with their personal care needs. Cleaning schedules were completed and regular infection control audits showed a high level of compliance.

People lived in a safe and comfortable environment. Regular health and safety and maintenance checks were completed and appliances serviced in line with guidance. Fire procedures were displayed in the service and records showed regular maintenance checks and fire drills were completed. The provider had developed a business contingency plan to ensure people would continue to receive care in the event of an emergency.

Is the service effective?

Our findings

Processes were in place to assess people's needs prior to them moving into Haven House to ensure their needs could be met. No one had moved into the service since our last inspection in April 2016. However, assessment documentation was available and people would have the opportunity to visit and spend time at the service prior to decisions being made regarding them moving in. Due to having a new vacancy the registered manager told us they were looking at the assessment process and additional ways in which people could be involved in the decision.

People were supported by trained staff who were supported in their roles. New staff received an induction into the service which included shadowing more experienced staff members and completing the Care Certificate. This is a set of nationally agreed standards which health and social care workers are expected to demonstrate in their daily working lives. The registered manager maintained a training matrix which showed staff received training in areas including safeguarding, health and safety, infection control, first aid and medicines management. In addition staff were supported to complete training in areas specific to their roles such as epilepsy, and to gain nationally recognised qualifications. Staff members told us they received supervision regularly and felt supported by the management team. One staff member told us, "They have been great. I knew nothing when I started. They've shown me how to do things and always supported me. I have supervision every six weeks and I'm being supported to do my NVQ. They really are a good organisation."

People had choices regarding their food and drinks. People told us they chose what to eat for breakfast and lunch. Evening meals were decided by each person choosing a meal for one day of the week. Where people didn't like the choice, alternatives were provided. One person told us, "I do like the food. Tonight is chilli, my favourite. I chose that." People's weight was recorded monthly and any significant variances discussed with health care professionals. People had received swallowing assessments from the speech and language therapy team (SaLT) where required and we saw their recommendations were followed. Where people required support to eat this was done in a supportive manner, giving people the opportunity to be involved as much as possible. We observed one person was reluctant to eat. Staff discussed possible reasons for this before adjusting their approach slightly. The person then ate their lunch and appeared to enjoy it. Fresh fruit was available in the dining area for people to access at all times.

People received support to remain healthy and had access to healthcare professionals when required. One relative told us, "If she's under the weather at all they call the doctor and if they're worried they call an ambulance. They have been brilliant. They always let me know and explain things." Records contained health action plans which detailed the support people required, from who and how often. Medical appointments were recorded and showed people were supported to attend regular appointments such as annual health checks, medicines reviews, dentists, opticians and chiropodists. In addition, records showed that staff had identified changes in people's health and supported them to access the GP and to attend any hospital appointments.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA),

whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

We found people's rights under the MCA were respected. Capacity assessments had been completed for areas including constant supervision, finances, specific health appointments and flu jobs. Where people were found to lack capacity best interest decisions had been taken to ensure that any decisions were implemented in the least restrictive way whilst still keeping the person safe. Records showed that family members and relevant professionals were involved in best interest decisions. Where restrictions were in place, Deprivation of Liberties Safeguards (DoLS) applications had been made to the local authority in line with legislative requirements. We observed staff sought people's consent prior to providing support and acknowledged people's responses.

People lived in an environment which was suited to their needs. Communal areas were spacious and designed to enable people using wheelchairs and mobility aids to move around easily. There was a lift available which meant all areas of the service were accessible to people. Adaptations to bathrooms were in place and equipment was available to support people with their moving and handling needs. People's rooms were decorated to their own personal taste and were cosy and comfortable. One person showed us their room which contained items of personal interest to them. Another person had been supported to purchase furniture which was specifically suited to their needs. Fresh flowers were displayed in communal areas which created a homely feel.

Is the service caring?

Our findings

People we spoke with were positive about the staff supporting them and used words including, "Helpful", "Nice" and "Kind". One person told us, "I've got friends and the best staff. They're lovely." Relatives told us they felt staff were caring. One relative said, "They are very very caring. She's only got to sneeze and they're there. I can't explain how good they are." A second relative told us, "They all seem very caring. They put on a wonderful party for her birthday. We all really appreciated the effort they had gone to."

Positive relationships had developed between people and staff. People and staff interacted positively and there was a relaxed atmosphere throughout the service. A number of staff members had worked at Haven House for many years and knew people and their families well. One staff member told us, "I love it here. That's why I've stayed so long. I know so much about them and what they like. I want to make sure they get the quality of life they deserve. We all do." We observed when people returned from activities they were keen to share their day with staff and staff showed interest in what people had been doing. We observed a mixture of approaches from staff which fitted well with people's personalities. Staff were joked with some people in an outgoing manner whilst being quiet and reassuring with others.

People were supported to maintain and develop their independence. The registered manager and deputy manager told us this was an area of focus for the team. The deputy manager said, "If it takes people 10 minutes to make a cup of tea then we don't see that as a problem. We all encourage them to do as much as they can for themselves." People were involved in a range of daily living skills around the service including making packed lunches, drinks, washing up, setting the table, laundry and cleaning tasks. One person told us, "We do lots of jobs. It's our home." Where people were able to open their own post, individual lockable letter boxes had been installed outside their bedrooms. This enabled people to be independent when receiving and dealing with their post. We observed one person discussing a letter with a staff member. They were supported to review the content and asked how they wanted to deal with it.

Staff understood people's individual communication styles. Each person had an individual communication profile in place which detailed how they preferred to communicate. Where people used gestures and body language to communicate, guidance was available to staff on how to interpret their needs and how they were feeling. We observed staff discussing that one person did not appear their usual self. They showed concern for the person's well-being and felt this may be due to their usual activity not taking place. Arrangements were made for the person to go out for an alternative activity and they appeared more settled on their return. In line with the Accessible Information Standards, information was available to staff regarding how important information should be shared with people. Information was made available to people in an easy read format such as posters detailing when maintenance work would be completed and a pictorial rota so people were aware which staff would be supporting them.

People's dignity and privacy were respected. We observed staff were discreet when supporting people with their personal care. Staff knocked on people's doors prior to entering and waited for a response. One staff member told us, "I talk quietly when I'm asking about anything private. I shut doors and make sure the curtains are closed. I'll help people put their dressing gowns on and always knock on their doors." Staff

undertook equality and diversity training and understood the need to support people's individual needs and beliefs.

People were supported to maintain contact with those who were important to them. Visitors were made to feel welcome and there were no restrictions on visiting times. People were supported to visit their family members and people who were important in their lives. One person told us, "I visit my boyfriend sometimes and he can come here." Staff had recently supported one person to regain contact with old family friends who they had not seen for a number of years. The deputy manager told us, "We met up for lunch. It was just lovely to see them all together." One relative told us they hadn't wanted to spend Christmas Day on their own. The registered manager had then invited them to spend the day with their family member and they were now going to Haven House for their lunch. Staff supported people living at Haven House to develop positive relationships with each other. People living at the service had known each other for many years and showed a genuine affection and concern for each others welfare. Staff supported this and encouraged discussion between people

Is the service responsive?

Our findings

Relatives told us they were able to contribute to their family member's care and were invited to reviews. One relative told us, "I asked that they contact the hospital where she had always been seen and they were very good about it. They bring her for all her appointments there now." Another relative told us, "When ever there is a review we are told about it and we go. I honestly think the service is 100% for the way she is treated and what they do for her."

People had comprehensive care plans in place which reflected their individual needs and preferences. Care plans covered core areas of people's support including personal care, oral health care, communication, mobility, sensory needs and daily living skills. Records contained a high level of detail which gave guidance to staff regarding how to approach people and the order people preferred their support. It also contained personalised information such as what toiletries people preferred and if they liked their bedroom door open or closed. One person's care plan guided staff on the support they required to eat and drink. There was detailed guidance regarding the specific crockery, cutlery, food consistency and positioning the person required staff to support them with. We observed staff followed this guidance and chatted with the person throughout their support. Where people's needs changed the service sought advice from specialist services such as the positive behaviour support team and bereavement services. This enabled staff to plan the most effective way to meet people's needs. We observed staff speaking openly with people about the advice they had received in order to reassure them they were listening to their concerns.

Records included plans regarding the care they wished to receive when approaching the end of their life. This had been approached in a sensitive manner and discussed with people and their relatives as appropriate. The provider's PIR stated, 'End of life care plans have been completed for three residents who wished to do so and one resident has a funeral plan.'

Each person had a keyworker who they had developed a close relationship with. People told us this relationship was important to them. One person said, "I like (keyworker). They help me do things." They went onto describe how their keyworker supported them in planning appointments, arranging trips and with their personal shopping. Care plans were regularly reviewed and people and their relatives told us they were involved in this process. People's support was recorded within their daily notes and where appropriate, people were involved in this process.

People had access to a range of activities both within the community and when spending time at home. People attended a local day service on various days through the week. In addition people were supported to attend personal appointments, go shopping and take part in individual activities. On the day of our inspection one person was going to do their Christmas shopping before going to the hairdressers. Another person was supported to go out as their usual intensive support activity had been cancelled. People told us they spent their weekends going shopping, visiting the library, going to the cinema or eating out. One person told us about a show they had recently been to see. When at home people had various hobbies and interests they enjoyed such as rug making, baking, listening to music and watching television. We observed one person had a box of sensory items which they enjoyed looking through and showing staff. People had

access to an adapted vehicle and also used public transport to access the community.

There was a complaints policy in place which was displayed for people in an easy read format. People and their relatives told us that if they were unhappy with any aspect of the service they would tell the registered manager of a staff member and action would be taken. There were no complaints recorded at the service within the past year.

Is the service well-led?

Our findings

We observed people spent time with the registered manager and were keen to share information with them. Relatives told us they felt the service was managed well. One relative told us, "(Registered manager and deputy manager) are brilliant. They have always been great and act on things straight away." Another relative said, "I can always approach (registered manager) and he will do his best."

There was a registered manager in post who supported us during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a person focussed culture within the service, which was reflected in our findings across all the five key questions that we asked. All of the staff we spoke with during the inspection shared a clear focus to provide people with person centred care which enhanced their independence and autonomy. This was demonstrated in the way in which people's support was tailored to their preferences and needs. One staff member told us, "Without a doubt everyone here wants the residents to have a really good life. What works really is we are all different but it all gels together as a team effort to get the best for people." The registered manager had implemented a 'Shout About Success' book for staff, relatives and the wider management team to reflect on good practice and thank staff for particular pieces of work.

There was a programme of audits and checks in place to monitor the quality of the service provided. The audit programme was completed by the registered manager and a representative from the provider's quality assurance team. Visits were completed monthly and looked at different aspects of the service including, care records, health and safety, staff support, general management and communication. Where actions were identified these were followed up on during the next audit visit to ensure they had been completed.

People relatives and staff were able to contribute to the running of the service. An annual survey was also distributed to people and their relatives to gain their views of the service provided. The registered manager told us that this had recently been distributed and the results were in the process of being collated. Previous audits showed positive responses which reflected people and their relatives were happy with the support they received. In addition to house meetings, keyworker meetings were held on a monthly basis and looked any areas of the service provided which people were unhappy about. Regular staff meetings were held and staff told us they felt able to share their views both within the service and the wider organisation. One staff member told us, "There have been some difficult times for everyone here but you are listened to here. We all work knowing that we all have the resident's best interests at heart." Another staff member told us, "I've always felt very supported here."

The service worked in partnership with other organisations to improve people's care. Positive working relationships had been developed with the relevant professionals involved in people's care and guidance

was followed. The registered manager regularly met with the manager of the day service people attended to share information and review people's needs. The registered manager attended a number of meetings and training sessions to ensure their knowledge was kept up to date. The provider's PIR stated, 'The manager attends management meetings chaired by the Deputy Chief Executive Officer. Also, external Registered Manager meetings run by Skills for Care and Surrey Care Association.' This demonstrated a commitment to sharing ideas and developing good practice.

The registered manager was aware of their responsibilities in ensuring that CQC were notified of significant events which had occurred within the service. Records were securely stored within a locked office.